

RETIREE MONTHLY PREMIUMS

- Medicare Eligible Retiree Premiums:
Effective January 1, 2001 through December 31, 2001
- Non-Medicare Eligible Premiums:
Effective July 1, 2001 through June 30, 2002

RETIREE MONTHLY PREMIUMS

MEDICARE-ELIGIBLE PLANS *(Effective January 1 - December 31, 2001)*

	ONE PERSON	TWO PERSONS*
<i>Advantage 65</i>	\$197	\$394
<i>Advantage 65 + Dental/Vision</i>	\$222	\$444
<i>Drug Only</i>	\$100	\$200
<i>Drug Only + Dental/Vision</i>	\$125	\$250
<i>Dental/Vision Only</i>	\$25	\$50
NOT AVAILABLE TO NEW ENROLLEES		
<i>Option I - Medicare Complementary</i>	\$156	\$312
<i>Option II - Medicare Supplemental</i>	\$236	\$472
<i>Option II + Dental/Vision</i>	\$261	\$522

*Two persons may choose the same plan or different Medicare-eligible plans; the total premium is the sum of each selection.

NON-MEDICARE PLANS *(Effective July 1, 2001 - June 30, 2002)*

STATEWIDE PLANS:	ONE PERSON	TWO PERSONS	THREE OR MORE PERSONS
<i>Key Advantage</i>	\$252	\$466	\$680**
<i>Key Advantage with Expanded Benefits</i>	\$263	\$487	\$710**
<i>Cost Alliance</i>	\$464	\$464	\$464**
<i>Cost Alliance with Dental</i>	\$484	\$501	\$518**
REGIONAL PLANS:			
<i>Aetna HMO</i>	\$266	\$492	\$718
<i>Aetna QPOS</i>	\$277	\$512	\$748
<i>CIGNA HMO</i>	\$284	\$525	\$767
<i>Kaiser Permanente HMO</i>	\$231	\$427	\$624
<i>Optimum Choice High Option POS</i>	\$342	\$633	\$923
<i>Optimum Choice Standard Option POS</i>	\$316	\$585	\$853
<i>Optimum Choice Standard Option HMO</i>	\$267	\$494	\$721
<i>Piedmont Community HMO-POS</i>	\$265	\$490	\$716

** See "Combination Medicare and Non-Medicare Coverage" section.

Important: Timely payment of the total premium is the State retiree's responsibility whether the premium is withheld from a retirement benefit or billed directly by the health plan.

COMBINATION MEDICARE AND NON-MEDICARE COVERAGE

When persons require combined Medicare and Non-Medicare coverage, the following worksheet will help you select your membership and calculate your total monthly premium.

- **For 2 persons**, select one Medicare-eligible plan and one Non-Medicare plan. The total premium is the sum of each plan selected.

\$ _____ + \$ _____ = \$ _____
Medicare-eligible plan + Non-Medicare plan = Total premium

- **When 3 or more persons** require combined Medicare and Non-Medicare coverage, you have two choices:

Choose from the Non-Medicare plans noted by (**) = \$ _____
Total premium

OR

Select a combination of Medicare and Non-Medicare plans. Keep in mind that the regional plans do not cover Medicare-eligible persons.

\$ _____ + \$ _____ = \$ _____
Medicare-eligible plan + Non-Medicare plan = Total premium

You may want to save this calculation and compare it to the amount you pay for January's premium. If you need assistance, please address your questions to the appropriate contact from the chart below.

QUESTIONS ABOUT YOUR PREMIUM?

RETIREE CATEGORY:

ADDRESS QUESTIONS TO:

New Retiree or Survivor of a State Employee

Your Agency Benefits Administrator

Current VRS Retiree or Survivor of a VRS Retiree

Virginia Retirement System (VRS) at (804) 649-8059 in Richmond or toll free at 1-888-827-3847 outside Richmond

All Other Retirees or Survivors

Your Former Agency Benefits Administrator

